

<b>Case Number:</b>	CM15-0125382		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	04/06/2012
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: North Carolina  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 61-year-old male who sustained an industrial injury on 4/6/2012 resulting in lower back and left leg pain. He was diagnosed with lumbago and multi-level degenerative joint disease. Treatment has included medication; participation in a functional restoration program; physical therapy; water therapy; chiropractic therapy; and, home exercise. He has reported minimal improvement in pain and functionality from these interventions. The injured worker continues to report constant sharp radiating low back pain, stiffness, and difficulties with rising from seated positioning. The treating physician's plan of care includes 12 sessions of water therapy. Progress report of 4/6/4015 relating to another injury states he can work with modifications, but actual work status is not provided in documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Water therapy, twelve sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines aqua therapy Page(s): 22.

**Decision rationale:** Recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. (Tomas-Carus, 2007) Review of the clinical documentation provided shows that the patient does not meet criteria for aqua therapy. In addition, the amount of session requested is in excess of the California MTUS physical therapy recommendation. Therefore, the request is not certified.